



# Incident Report

Print Date/Time: 04/26/2016 08:40

Login ID: ss0139

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00007649

**Incident Date/Time:** 4/23/2016 6:39:57 PM  
**Location:** 20TH ST NE / 112TH DR NE  
LAKE STEVENS WA 98258  
**Phone Number:** (206) 920-9663  
**Report Required:** No  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 3  
**Status:** 3  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19D3	SS0136-Shein
19N2	SS0132-Kilroy
19N3	SS0134-Lyons

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	VELIE, MARGARET					
2	Registered Owner	PARRY, CORRINA ANN					05/17/1974

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						AQS0112	
Involved Vehicle						K9CRAZY	
Involved Vehicle						AXK9705	

## Disposition(s)

Disposition	Count
R	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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04/23/2016 : 18:41:31 SP0262 Narrative: LR262

04/23/2016 : 18:41:18 SP0403 Narrative: AA

04/23/2016 : 18:41:11 SP0262 Narrative: PULLED OVER BY BUS STOP

04/23/2016 : 18:41:03 SP0262 Narrative: CC, 2 VEH REAR END, NON INJ, NON BLKG, VEHS PULLED OVER, BLK FORD  
ESCAPE VS WHI HONDA CRV

## 16-00007649, 042316 COLLISION REPORT

STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT

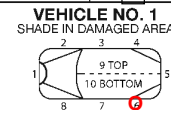
1591971

REPORT NO. **E537079**CASE # **2016-0007649**LOCAL AGENCY  
CODINGTOTAL # OF  
UNITS **02** OBJECT  
STRUCKTRIBAL  
RESERVATIONDATE OF COLLISION **04** - **23** - **2016** TIME (2400) **1839** COUNTY # **31** MILES **0664** CITY # **0664**ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒  
**VERNON RD** BLOCK NO. ☒ **10400** MILE POSTDISTANCE **20** **00** MILES ☒ N ☒ E ☒ S ☒ W OF (REFERENCE OR CROSS STREET) **LAKEVIEW DRIVE**UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONELAST NAME **VELIZ** FIRST NAME **CARLOS** MIDDLE INITIAL **R**STREET NEW ADDRESS **11427 29TH PL NE**CITY **LAKE STEVENS** ST **WA** ZIP **982588538**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **VELIZCR399KW** STATE **WA** SEX **M** D.O.B. **05** - **16** - **1961**ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIESLICENSE PLATE # **K9CRAZY** STATE **WA** VIN# **1FMCU9G91FUB49993**

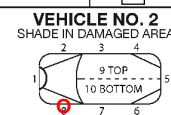
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2015** MAKE **FORD** MODEL **ESCAPE** STYLE VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **MARGARET VELIZ 11427 29TH PL NE LAKE STEVENS WA 982588538**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **PROGRESSIVE 900825874**VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEUNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONELAST NAME **PEARSON** FIRST NAME **DREW** MIDDLE INITIAL **M**STREET NEW ADDRESS **629 S DAVIES RD #A**CITY **LAKE STEVENS** ST **WA** ZIP **982580000**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **PEARSDM012JB** STATE **WA** SEX **M** D.O.B. **04** - **02** - **1999**ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIESLICENSE PLATE # **AQS0112** STATE **WA** VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2000** MAKE **HOND** MODEL **CR-V EX** STYLE **AT** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **SUSIE BRUCE 1250 TAYLOR AVE N APT 101 SEATTLE WA 98109**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **GEICO 4339828529**VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEOFFICER'S NAME (PRINT) **J. KILROY #0132** BADGE OR ID # **#0132** AGENCY **WA0311900**



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E537079**CASE # **2016-0007649**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit 1 was attempting to back out of a driveway onto Vernon Rd. Unit 2 was driving southeast on Vernon Rd. Unit 1 did not see unit 2 while backing out of a driveway (10425 Vernon Rd) into the roadway and unit 2 hit unit 1.

Unit 1 was at fault due to improper backing.

Both units were driven from the scene and no one was injured.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**J. KILROY #0132**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

**04-24-16 03:00 AM**

DATED

PLACE SIGNED

APPROVED BY

**W. AUKERMAN 0072**

DATE

**4/24/2016 10:58:33 PM**

BADGE OR ID #	<b>#0132</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>6:39 PM</b>	TIME POLICE ARRIVED	<b>6:49 PM</b>
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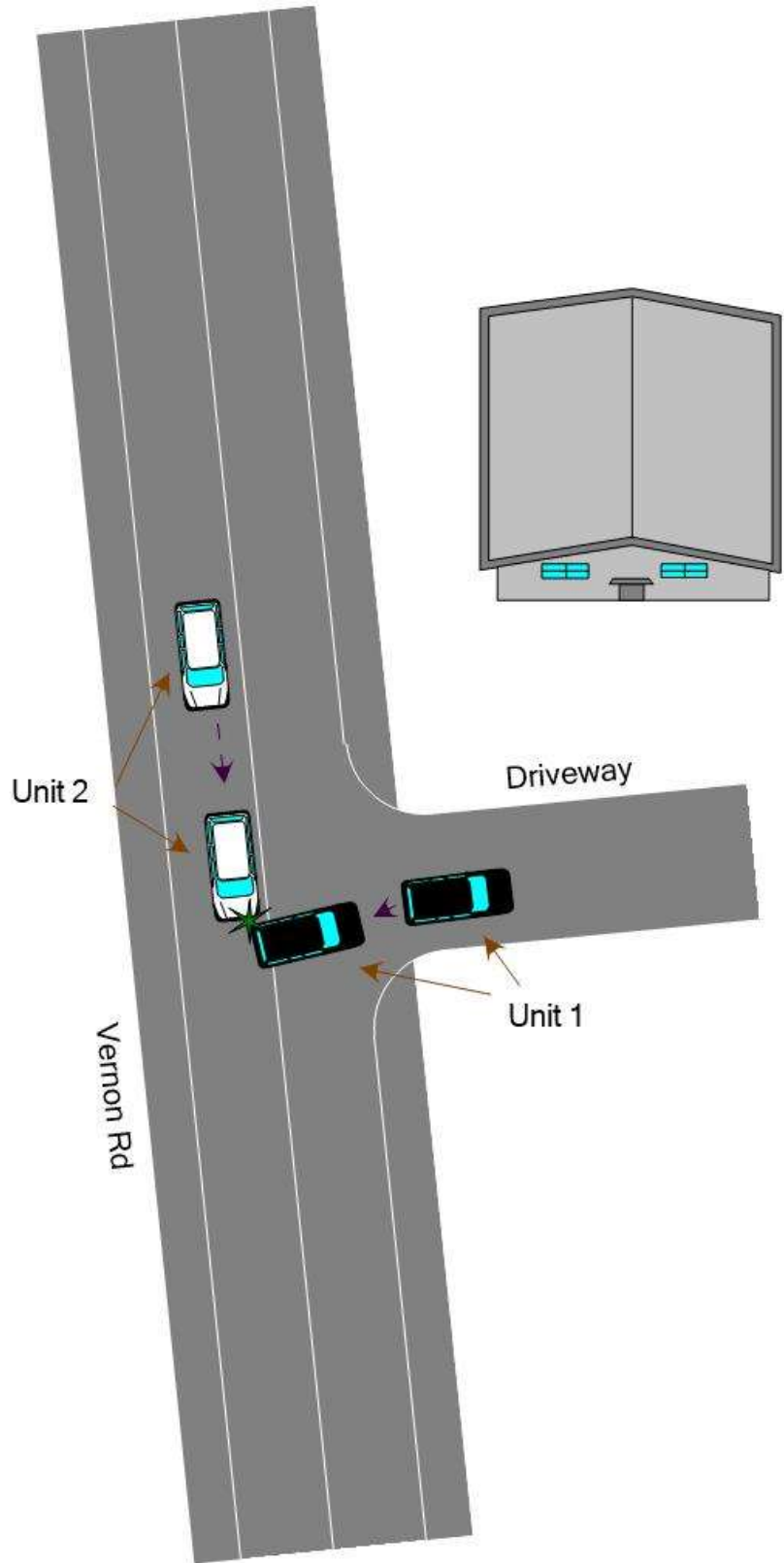
REPORT NO. E537079

CASE # 2016-0007649

DATE AND TIME  
OF COLLISION 04/23/16 18:39



Not To Scale





# LAKE STEVENS POLICE DEPARTMENT

## INCIDENT STATEMENT FORM

CASE NUMBER 2016-7649VICTIM ☐ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>Veliz, Carlos R</u>		RACE <u>Hispanic</u>	ETHNICITY <u>Hispanic</u>	SEX <u>M</u>	D.O.B. <u>5/10/61</u>	AGE <u>54</u>	HGT <u>5</u>	WGT <u>8</u>	HAIR <u>None</u>	EYES <u>Brown</u>
STREET ADDRESS <u>PO Box 527 11427-29TH PL NE</u>				CITY <u>LAKE STEVENS</u>		STATE <u>WA</u>		ZIP <u>98258</u>		
HOME PHONE <u>206-962-0956</u>		CELL PHONE			WORK PHONE					
EMAIL ADDRESS (OPTIONAL) <u>CVELIZ6129man.com</u>					PLACE OF EMPLOYMENT <u>New York Life</u>					

## STATEMENT:

HAD LEFT TURN SIGNAL ON TO TURN INTO DRIVEWAY  
AS I WAS BACKING UP (MAKING A 3 POINT TURN)  
THIS KID HIT ME!

HIT ME IN ~~THE~~ LEFT REAR CORNER

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED:

OFFICER/NUMBER:

DATE SIGNED:

SKILROY 11324/23/16

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

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